

11 APR 5 PM 2:45

11 APR -6 PM 3:04

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Argudo David E.

1. Office, Agency, or Court

Agency Name

City of La Puente

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL

Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: Foothill Transit Zone

Position: Alternate

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of La Puente

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_

Office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 04/05/2011  
(month, day, year)

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
David Argueta

► 1. BUSINESS ENTITY OR TRUST

Name  
JDL Financial Inc.

Address (Business Address Acceptable)  
15835 B E. Main St.

Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Real Estate

FAIR MARKET VALUE    IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000    10 / 10 / 10  
☐ \$100,001 - \$1,000,000    ACQUIRED    DISPOSED  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Sole Proprietorship    ☐ Partnership    ☒ Corp    Other

YOUR BUSINESS POSITION V.P.

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499    ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Commission Sales

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:  
☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE    IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000    10 / 10 / 10  
☐ \$100,001 - \$1,000,000    ACQUIRED    DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership  
☐ Leasehold    Yrs. remaining    ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE    IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000    10 / 10 / 10  
☐ \$100,001 - \$1,000,000    ACQUIRED    DISPOSED  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

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☐ INVESTMENT    ☐ REAL PROPERTY

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Street Address or Assessor's Parcel Number of Real Property

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☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000    10 / 10 / 10  
☐ \$100,001 - \$1,000,000    ACQUIRED    DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership  
☐ Leasehold    Yrs. remaining    ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>David Arguelo</u>
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► NAME OF SOURCE  
Alect Insulation

ADDRESS (Business Address Acceptable)  
15913 Old Valley Blvd La Puente CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/4/10</u>	<u>\$ 75.00</u>	<u>Christmas Party</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
David Turch & Associates

ADDRESS (Business Address Acceptable)  
517 2nd St. NE WA DC 20002

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
D. C. lobbyist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/15/10</u>	<u>\$ 136.39</u>	<u>Dinner</u>
<u>3/16/10</u>	<u>\$ 20.99</u>	<u>Lunch</u>
<u>12/13/10</u>	<u>\$ 18.95</u>	<u>Christmas Ornament</u>

► NAME OF SOURCE  
Valley Vista

ADDRESS (Business Address Acceptable)  
17455 E. Railroad St Industry CA 91748

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Trash Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/14/10</u>	<u>\$ 30.00</u>	<u>pen</u>
<u>12/13/10</u>	<u>\$ 35.00</u>	<u>Christmas Basket</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
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- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE	
<u>NALFO Educational Fund</u>	
ADDRESS (Business Address Acceptable)	
<u>1122 West Washington Blvd 3rd Fl.</u>	
CITY AND STATE	
<u>Los Angeles CA 90015</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
<u>Elected officials Institute</u>	
DATE(S): <u>11/18/10 - 11/21/10</u>	AMT: \$ <u>1,289.80</u>
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>NALFO Newly elected</u>	
<u>officials Institute Scholarship.</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: \_\_\_\_\_